

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001815
1. Entity Name
STRUCTURED WIRING & ELECTRIC, L.L.C.



Principal Place of Business
2045 MEETING STREET
CHARLESTON, SC 29405

Mailing Address
P.O. BOX 22045
CHARLESTON, SC 29413-2045



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1428754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, EDWARD L
4088 DRIFTING SAND TRAIL
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the qualifications of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1/18/05

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MURRAY, J. MIKELL
P.O. BOX 22045
CHARLESTON, SC 294132045

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FABIAN, FREDERICK T
624-E LONGPOINT ROAD
MT. PLEASANT, SC 29464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMITH, EDWARD L
624-E LONGPOINT ROAD
MT. PLEASANT, SC 29464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/18/05 843-216-3355